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CONFIRMATION NO. 1240

<b>SERIAL NUMBER</b> 09/738,599	<b>FILING OR 371(c) DATE</b> 12/15/2000 <b>RULE</b>	<b>CLASS</b> <del>530</del> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 255.0001 0122
<b>APPLICANTS</b> Lisa K. Nolan, Fargo, ND; Shelley M. Horne, Fargo, ND;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/282,352 03/31/1999 PAT 6,187,321 which is a DIV of 09/023,221 02/12/1998 PAT 6,087,128				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/13/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> ND	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 66
Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 11		
<b>ADDRESS</b> 26813				
<b>TITLE</b> Nucleic acid encoding an avian E.coli iss polypeptide and methods of use				
<b>FILING FEE RECEIVED</b> 1154	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	